AUTHORIZED UTILITY REPRESENTATIVE FORM FOR TELECOMMUNICATIONS CARRIERS [] Wireless [x]CLEC []ILEC [x]IXC TYPE:

		CERTIFICATED COMPAN	YINFURMATION		
Nextlink '	Wireless, Inc.				
	Company Name		FEIN/SS	SN	
•			703-547	-2255	
Oba/fka			Telephone #		
	Sunrise Valley Drive				
Mailing	Address				
	n, Virginia 20171				
•	te, Zip Code			e de la companya de l	
	Sunrise Valley Drive s Location				
	n, Virginia 20171		Fairfax		
	ite, Zip Code		County		
<u> </u>		REGISTERED AGENT	INFORMATION		
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Registe	red Agent: Corporation Se	rvices Company			
Mailing	Address: 2711 Cei	nterville Road			
iviaiii ig					
City, Sta	ate, Zip Code: <u>Wilming</u> t	ton, DE 19808			
ъ.	to the Commission	n's rules and regulations, prin	t or type company contact f	or the following areas:	
<u>P1</u>	ursuant to the Commission	13 Tules and requirements			
			(or type company		
Α.			. Or type company		
A.		ddress if different than above.)			
A.	General Manager (Include ac		E-mail Address		
A.	General Manager (Include ad Telephone Number	ddress if different than above.)			
A. B.	General Manager (Include ad Telephone Number	ddress if different than above.) I Facsimile Number	E-mail Address		
	General Manager (Include and Telephone Number Teresa Miller Customer Relations /Comple	ddress if different than above.) / / Facsimile Number aints Representative (Include ad	E-mail Address dress if different than above.) / Teresa.miller@xo		
	General Manager (Include ad Telephone Number	ddress if different than above.) I Facsimile Number	E-mail Address dress if different than above.)		
B.	Telephone Number Teresa Miller Customer Relations /Comple 877-912-4829 Telephone Number	ddress if different than above.) / Facsimile Number aints Representative (Include ad / 877-842-9008 Facsimile Number	E-mail Address dress if different than above.) / Teresa.miller@xo E-mail Address	.com	
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B.	Telephone Number Teresa Miller Customer Relations /Comple 877-912-4829 Telephone Number Teresa Miller Customer Relations/Comple Telephone Number 800-421-3872	ddress if different than above.) / Facsimile Number aints Representative (Include ad / 877-842-9008 Facsimile Number aints Representative for Escalate / Facsimile Number	E-mail Address dress if different than above.) / Teresa.miller@xo E-mail Address ed Complaints (Include addre	.com	
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B. C1. C2. D.	Telephone Number Teresa Miller Customer Relations /Comple 877-912-4829 Telephone Number Teresa Miller Customer Relations/Comple Telephone Number 800-421-3872 Customer Contact (Toll Free	Facsimile Number I	E-mail Address dress if different than above.) / Teresa.miller@xo E-mail Address ed Complaints (Include addre E-mail Address	.com	
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F.	Emergencies (During non-office hours)						
	Emergencies (During non-on	ince flours)					
	Telephone Number	Facsimile Number	E-mail Address				
	•		to applied in proper routing of correspond	ence and invoices:			
<u>In add</u>	<u>lition, please provide the follow</u>	ing company contact information	n to assist in proper routing of correspond	CHOC CHO INVOICES			
G.		unrise Valley Drive Herndon, VA 2	20171				
	Regulatory Officer (Include	de address if different than above.)					
	703-5472536	/ 703-547-2630	/ kelly.faul@xo.com E-mail Address				
	Telephone Number	Facsimile Number	E-IIIali Address				
H.	Dual Borty Mailings /Name	1					
	Dual Party Mailings (Name)						
	Mailing Address						
	Telephone Number	Facsimile Number	E-mail Address				
1	, olo priorio 1 tama o						
1.	Interim LEC Fund Mailings	Interim LEC Fund Mailings (Name)					
	Mailing Address	, ,					
	Telephone Number	Facsimile Number	E-mail Address				
1	G, Martin Pfister						
J.		G. Martin Pfister Universal Service Fund Mailings (Name)					
	13865 Sunrise Vall	ey Drive Herndon, VA 20171					
	Mailing Address		/martin.g.pfister@xo	com			
	703-547-2866 Telephone Number	/ 703-547-2630 Facsimile Number	E-mail Address	.00111			
12	•						
K.	G. Martin Pfister Gross Receipts Mailings (Name)						
	Mailing Address						
	Telephone Number	Facsimile Number	E-mail Address				
	G. Martin Pfister	1 dodinilo 14diniso.					
L.	Lifeline Mailings (Name)						
	Mailing Address		^				
	Telephone Number	Facsimile Number	€-mail Address				
	·						
	Sharon Adams	(print name)	Signature				
	This form was completed by (print name)		•				
	Senior Regulatory Title		March 30, 2010				
	TRR	Date					
	RETURN COMPLETED FO	RM TO:					
	Public Service Commission of SC		Office of Regulatory Staff				
	Docketing Department		Attn: Jeanne Gordon 1401 Main Street, Suite 900				
	Post Office Dra	wer 11649 th Carolina 29211	Columbia, South Carolina 29201	(Rev. PSC 01/201			
	Columbia, Cou	#	•				